How to Make a Paperless Office Work for You

BY JENNIFER SILVERMAN
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SAN FRANCISCO — There is a cost-effective way to go paperless and make a profit for your group practice, Jeffrey P. Friedman, M.D., said at the annual meeting of the American College of Physicians.

Dr. Friedman, an internist and founding partner of Murray Hill Medical Group in New York, increased office appointments—and saved $238,000 annually in staff pay and benefits—by installing an electronic medical record (EMR) system and integrating the new technology on a gradual basis, cutting down on staff and phone time.

Patient registrations grew rapidly (currently at 18,000), and salaries for the group's internists and subspecialists in 2004 were two to three times the national average, Dr. Friedman said.

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Technology saved one practice $238,000 annually and got rid of stacks of files like these.

Murray Hill started out in 1992 with just a few partners and associates, one exam room per physician, and no ancillary help, using a local, small electronic billing package. Over the years, the practice filled its space, adding more subspecialty partners, associates, and equipment, and in 1998 acquired an EMR system. The practice added online bill paying this year.

The practice now has 35 doctors, an office lab, and a technician who oversees the fully automated practice. "Our employee/doctor ratio is very low," he said.

Installing an EMR system does cost money, "but a major thing physicians need to understand is that you have to spend money to make money," Dr. Friedman said. In his experience, "those bucks are not out of control" if invested in the right kind of system.

When considering software vendors, it's important to visit practice sites that are using installed systems. He suggested that physicians look at big vendors that are likely to be in business at least 10 to 20 years down the road. "This is a big investment, because whatever one you buy you're going to live with for a long time," he noted. The problem with medical records is that if you decide to dump one, "you can't convert the data from one system to another."

In conducting research with vendors, Dr. Friedman got a general idea of what it would cost to install an EMR system, "including the whistles and bells." The per-doctor cost was $30,000-$50,000, including training.

"A lot of people spend that much on a car every few years," he observed.

Training should ideally take place during the slow season, from the end of June through early September. Murray Hill physicians went through 3 months of formal training during such a period. The practice hired college and medical students to preload diagnoses, medicines, and vaccines into the new EMR system. Physicians won't be able to get everything into the record, "but you'll find that over the years the important stuff's there," Dr. Friedman said.

Conversion to an EMR system should take place gradually, he cautioned. A staff of two physicians, for example, should take turns going online. "You should have cross coverage so physicians are not out seeing patients while they learn how to use system," he advised.

It's crucial to practice with the software before going live with the system. Within 1 to 2 weeks, Murray Hill's physicians had learned the system and regained their usual level of efficiency. Many become even more efficient after going online, he noted.

In addition to handling appointment scheduling (see box), the system helps automate prescription refills. "The patient does it, the doctor signs it. When it's electronic, it's done," Dr. Friedman said. With a few clicks and a printout, a physician can quickly take care of a Medicare patient on 12 different prescriptions that need to be shipped to several locations.

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Physicians using an EMR can check drug interactions when looking at their patients' prescriptions. In addition, online preventive notices can remind physicians of what needs to be done for each patient. "And any work you do provides income," he said.

An EMR also can point out errors in coding. "A lot of times we find out that the doctor has been undercoding. It's not fair to give back to carriers and the government. That's a lot of lost income," Dr. Friedman said.

"It continues to amaze me that 90% of physicians are not" paperless, he said. People traveling on planes "would never put up with a pilot navigating by the stars." ■

Online Scheduling Increases Patients' Options for Booking Appointments

Patients favor online systems that provide a 24/7 service for appointments. "By integrating with the Internet you get patients to do things for themselves without staff," Dr. Friedman said.

His practice, Murray Hill Medical Group, developed its own software so that patients could sign in online, make their own appointments, refills, or referrals, or pick a physician or location. Dr. Friedman is now marketing the software for use by physicians who use compatible electronic medical record systems.

Patients get a tracking number plus three e-mail reminders about their visits. For annual exams, the e-mail will remind them not to eat or drink for 8 hours before the visit.

If it's a Sunday night, a patient who has forgotten the time of a Monday appointment can look up the visit online instead of becoming a "no show," he said. The practice estimates 35%-45% of all of its appointments are made online, and the no-show rate with Internet appointments is less than 1%.

Murray Hill Medical Group has open-access scheduling, so most appointments are scheduled within 24 hours. "We always add on more hours. Patients can always get in because that's how we make a living. We're not going to make them wait 3 weeks." The electronic system makes it easy to fill up slots when patients drop out of appointments.

Physicians have long struggled with patients having online access to their practice, Dr. Friedman said. "They have a problem with letting patients see their open schedule slots." In addition, "they think patients are too dumb, they'll abuse the system, [or] they don't know what they're doing."

But patients are smarter than you think, he said. Of Murray Hill's patients, 95% have Internet access, and other data point to widespread access to online services. A 2003 Harris Interactive poll found that 80% of all patients use the Internet to search for information.

Morbid Obesity Carries a Large Economic Health Care Burden

BY KATHLEEN LOUDEN
Contributing Writer

CHICAGO — Health care costs for morbidly obese adults are nearly double those of normal-weight adults, according to a study presented at the combined annual meeting of the Central Society for Clinical Research and the Midwestern section of the American Federation for Medical Research.

Morbidly obese individuals make up less than 3% of the U.S. adult population, but they account for more than 10% of all health care spending in this country, reported the study's lead investigator, David E. Arterburn, M.D., of the University of Cincinnati.

The study defined morbid obesity as a body mass index of 40 or greater (Int. J. Obes. Relat. Metab. Disord. 2005;29:334-9).

Of U.S. health care expenditures, $56 billion were linked to excess body weight in the year 2000, up from a previously published estimate of $51.5 billion in 1998 (Obes. Res. 2004;12:18-24). Health care expenses for morbidly obese adults totaled more than $11 billion, Dr. Arterburn and his colleagues reported.

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DR. ARTERBURN

The researchers calculated this total by analyzing data from a nationally representative sample of 16,262 adults from the 2000 Medical Expenditure Panel Survey.

Adults who are morbidly obese had elevated costs in all health care categories, Dr. Arterburn said. Compared with adults considered to be of normal weight, morbidly obese persons had higher per capita annual expenditures for office visits, outpatient hospital care, inpatient hospitalizations, and prescription drugs.

Dr. Arterburn and his associates did not study the effect of age on health care expenditures. However, he said, "it's known there's a delay in onset of obesity-associated morbidities, so one would expect expenditures to go up with age." The mean age of their sample was 45.4 years.

The researchers adjusted the odds of incurring health care expenses for sociodemographic variables, type of health insurance, and smoking status.

Nearly 5 million U.S. adults were morbidly obese in 2000, according to this study, supported by a grant from the Department of Veterans Affairs. Because weight and height were self-reported in the survey data, Dr. Arterburn said he believes the study underestimated the prevalence of morbid obesity. ■